

LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION LOAN

Failure to attach a sheet showing the payment stream for which the net present value of the loan was calculated will result in the contribution not being considered.

Name of Development: Quail Ridge

Address of Development Site: 1055 Capital Circle NW, Tallahassee, FL 32304

On or before March 31, 2004 the City/County of Leon County committed
(month/day/year) (Name of City or County)

\$ 100,000.00 in the form of a reduced interest rate loan to the Applicant for its use solely for
(loan amount)

assisting the proposed Development referenced above. The loan will bear interest at a rate of 0.00 % per annum over a period of 15 years. The loan's repayment period, amortization period, payment frequency and other applicable terms are:

Repayment period: None; Amortization: None; Payment Frequency: None;

Terms: 0% deferred payment loan. Principal forgiven after 15 years.

No consideration or promise of consideration has been given with respect to the loan. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This loan is provided specifically with respect to the proposed Development.

The following government point of contact can verify the above stated contribution:

Name of Government Contact: Joe Sharp, Director

Address: Leon County Division of Health and Human Services, 918 Railroad Ave., Tallahassee, FL 32310

Telephone Number: 850-488-7790

CERTIFICATION

I certify that the foregoing information is true and correct and that this commitment is effective through
December 31, 2004

(month/day/year)

Signature _____ Date _____ Print or Type Name _____

Telephone Number _____ Print or Type Title _____

This certification must be signed by the Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this certification must be signed by the Chair of the Land Authority. One of the authorized persons named above may sign this form for certification of state, federal or Local Government funds initially obtained by or derived from a Local Government that is directly administered by an intermediary such as a housing finance authority, a community reinvestment corporation, or a state-certified Community Housing Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed.

This contribution will not be considered if the certification contains corrections or 'white-out'. If the certification is scanned, imaged, altered, or retyped, the Application will fail threshold and will be rejected automatically. The certification may be photocopied.